



I-20 Transfer Request

To Be Completed by Student and Parent/Guardian:

Name _____
Last Name (Family or Surname) First Name Middle Name

Telephone Number _____ E-mail _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Country of Birth _____ Country of Citizenship _____

Date of Birth ____ / ____ / ____ Gender: Male / Female Current Grade _____
Month Day Year

By signing below, I authorize _____ to provide the
School
information requested and release my record on ____ / ____ / ____
Month Day Year
so I may transfer to **Rainier Christian Schools**.

Parent/Guardian Signature _____
Month Day Year

To Be Completed by PDSO/DSO or Designated School Official:

SEVIS I.D. Number _____

The student is enrolled full-time, in good standing, eligible for transfer: Yes ____ No ____

If no, please explain: _____

The student's current I-20 end date is: ____ / ____ / ____
Month Day Year

The student is out of status: Yes ____ No ____

If yes, please explain: _____

If the student is eligible for a transfer, please indicate the date on which your institution will release the student in SEVIS for transfer: ____ / ____ / ____
Month Day Year

Institution Name: _____

Institution Address: _____

DSO (Designated School Official) Name: _____

DSO Title: _____

Signature: _____ Date: ____ / ____ / ____
Month Day Year

Phone _____ Email Address _____